

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT <b>07-APR-2016</b>		2. ADDRESS OF OCCURRENCE <b>7031 S MERRILL AVE, Apt 101 CHICAGO, IL 60649</b>		3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>0331</b>			
		5. POSITION <b>9161</b>		6. LAST NAME <b>JACKSON</b>		7. FIRST NAME <b>RONALD T</b>		8. STAR NO. <b>3228</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
SUBJECT INFORMATION		10. RACE CODE <b>BLK</b>		11. AGE <b>505</b>		12. HT. <b>135</b>		13. WT. <b>135</b>			
		14. DATE OF APPT. <b>26-AUG-2013</b>		15. EMPLOYEE NO. <b>003</b>		16. UNIT & BEAT OF ASSIGNMENT <b>0333</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
REASON FOR USE OF FORCE (Check all that apply)		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>GUNN</b>		21. FIRST NAME <b>WALTER</b>		22. M.I. <b>L</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
		24. RACE <b>BLK</b>		25. D.O.B. <b>26-MAY-1944</b>		26. HT. <b>606</b>		27. WT. <b>220</b>			
WEAPON DISCHARGE INCIDENT		28. ADDRESS <b>1357 N LEAVITT ST CHICAGO, IL 60622</b>		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? BLUNT INSTRUMENT, VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>JACKSON PARK HOSPITAL FOUNDATION</b>		34. BY WHOM? <b>DOCTOR FREDERICK</b>		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized		01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized		02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid	
CASE INFO.		36. CHARGES PLACED		37. DNA		38. CB NO.		39. IR NO.		40. DNA	
		39. DNA		40. DNA		41. DNA		42. DNA		43. DNA	
SIGNATURES		SUBJECT'S ACTIONS		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY		ASSAULT/DEADLY FORCE	
		MEMBER'S RESPONSE		OPEN HAND STRIKE		ELBOW STRIKE		KNEE STRIKE		FIREARM	
WEAPON DISCHARGE INCIDENT		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER	
		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER CART ID NO.		50. WEAPON SERIAL NO. (Include Letters)	
WEAPON DISCHARGE INCIDENT		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID, NO.		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO	
		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
WEAPON DISCHARGE INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE MIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	
		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO. <b>1609812185</b>	
WEAPON DISCHARGE INCIDENT		71. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> OSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> OSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		73. REPORTING MEMBER (Print Name) <b>JACKSON, RONALD T</b>		74. STAR/EMPLOYEE NO. <b>3228</b>		75. SIGNATURE <b>[Signature]</b>	
		76. DATE OF INCIDENT <b>07-APR-2016 23:26:24</b>		77. REVIEWING SUPERVISOR (Print Name) <b>SAUTKUS, STEVEN J</b>		78. STAR NO. <b>1381</b>		79. SIGNATURE <b>[Signature]</b>		80. DATE REVIEWED <b>07-APR-2016 23:29:37</b>	

LOG# 1080018

Attachment 26

### LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt unable to interview the offender due to him being taken to Jackson Park Hospital for mental evaluation.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the reports submitted at this time, Officer's actions were in compliance with department rules and regulations. Log # 10A0010 obtained by Sgt Kenned #1826 from IPRA at 2101 hrs.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**WILLIAMS, TERESA H**

SIGNATURE

DATE COMPLETED

TIME

**08-APR-2016 16:56:18**

79. TOTAL TRR's THIS EVENT No.

**8**